

TRANSCRIPT ORDER				DUE DATE:	
1. NAME Philip D. MacWilliams		2. PHONE NUMBER 202-616-4285		3. DATE June 14, 2023	
4. FIRM NAME U.S. Department of Justice					
5. MAILING ADDRESS Benjamin Franklin Station, P.O. Box 888		6. CITY Washington		7. STATE D.C.	8. ZIP CODE 20044
9. CASE NUMBER No. 2:19-cv-05217-S		10. JUDGE Judge Bolton		DATES OF PROCEEDINGS 11. June 13, 2023 12.	
13. CASE NAME C.M. et al v. United States				LOCATION OF PROCEEDINGS 14. Phoenix 15. STATE AZ	
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S) <input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> VOIR DIRE					
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING	June 13, 2023
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				Entire hearing on motions	
<input type="checkbox"/> OPINION OF COURT				for summary judgment	
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS phil.macwilliams@usdoj.gov	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).					
19. SIGNATURE s/ Phil MacWilliams					
20. DATE June 14, 2023					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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